

CCH Uninsured Study 2016 – 2018 Preliminary Observations



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COOK COUNTY
HEALTH

Agenda

1. Introduction and definitions
2. Revenue Cycle - Financial Access and Financial Counseling
 - a. Departmental Structure
 - b. Process
 - c. Overview of programs
3. Payor Mix by Charges FY 2016 to Present
4. Study and Observations
 - a. Self-Pay cohort
 - b. Charity Care cohort
 - c. Observations



Introduction / Definition of Terms



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Uninsured

42 CFR Part 447 – for Disproportionate Share Hospitals (DSH) purposes describes uninsured individuals as those “who have no health insurance (or other source of third party coverage) for the services furnished during the year.” Also, “who have health insurance (or other third party coverage)” to refer broadly to individuals “who have creditable coverage consistent with the definitions under 45 CFR parts 144 and 146, as well as individuals who have coverage based upon a legally liable third party payer”.

Uninsured (based on the 2018 health survey interview)

- 1. Number of persons under age 65 uninsured at the time of interview - 30.1 million**
- 2. Percent of persons under age 65 uninsured at the time of interview - 11.1%**
- 3. Percent of children under age 18 uninsured at the time of interview - 5.2%**
- 4. Percent of adults aged 18-64 uninsured at the time of interview - 13.3% [1]**

Underinsured and Self-Pay

Underinsured Patients

Patients that have insurance, but the insurance doesn't cover the cost of healthcare. Commonwealth Fund further defines as, "individuals insured in household that spent 10% or more of income on medical care (excluding premiums) or 5% or more if income under 200% poverty"

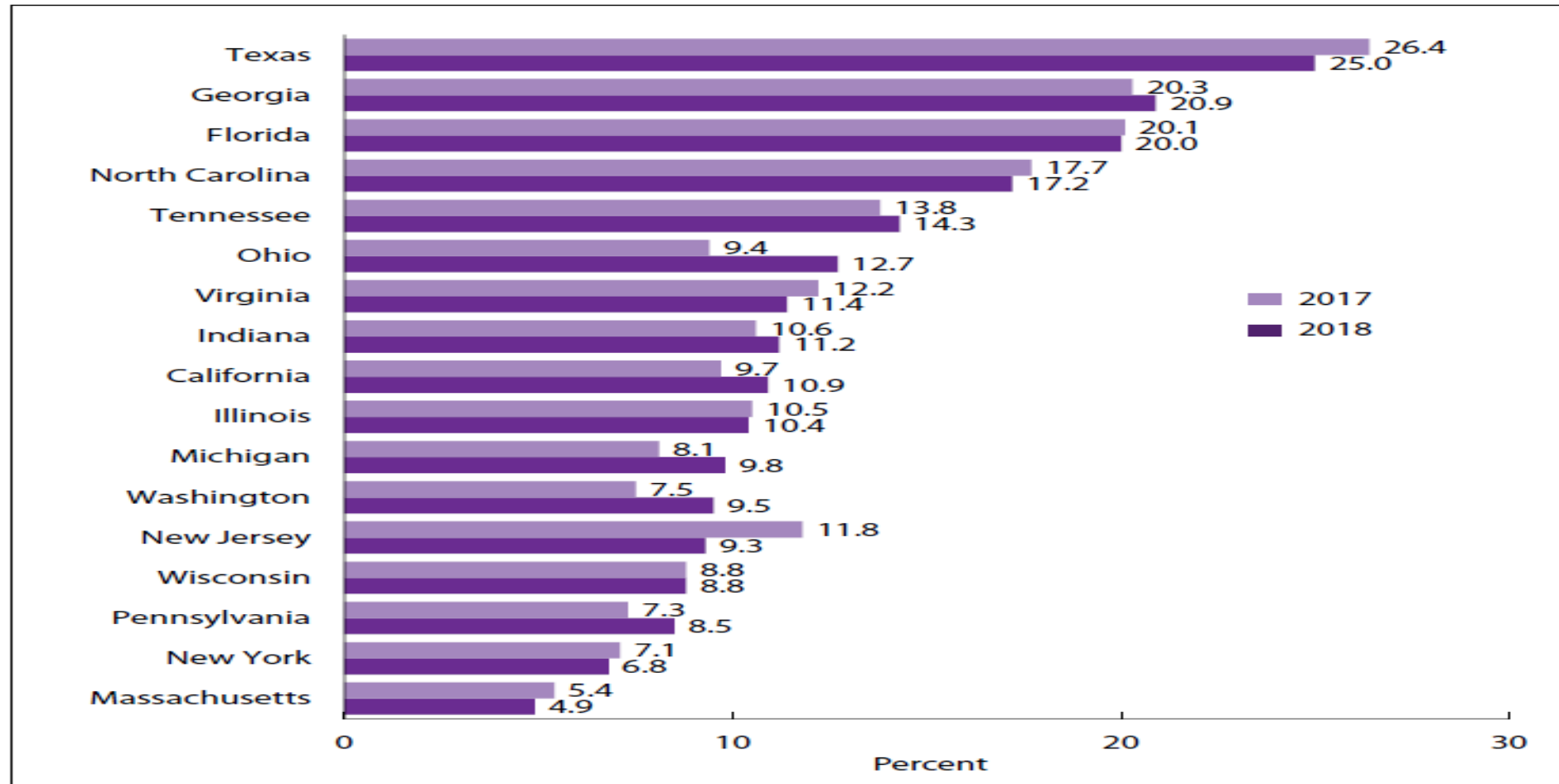
- **CCH CareLink** defined as a CCH patients covered by a private health insurance plan that has an active contract with CCH as an in-network provider. Patients with an HMO plan contracted with CCH AND who select CCH to serve as their Primary Care Provider, or patients with a PPO plan or traditional "fee-for-service, may apply for CareLink and receive a discount on the out-of-pocket costs associated with these plans, including deductibles and co-insurance. CareLink cost-sharing fees would be applicable.

Self Pay Patients

Patients that have no insurance and pay out of pocket, or patients that owe a balance after insurance payments

Uninsured : US and State of Illinois

Figure 12. Percentage of adults aged 18–64 who were uninsured at the time of interview, by selected state and year: United States, 2017 and 2018



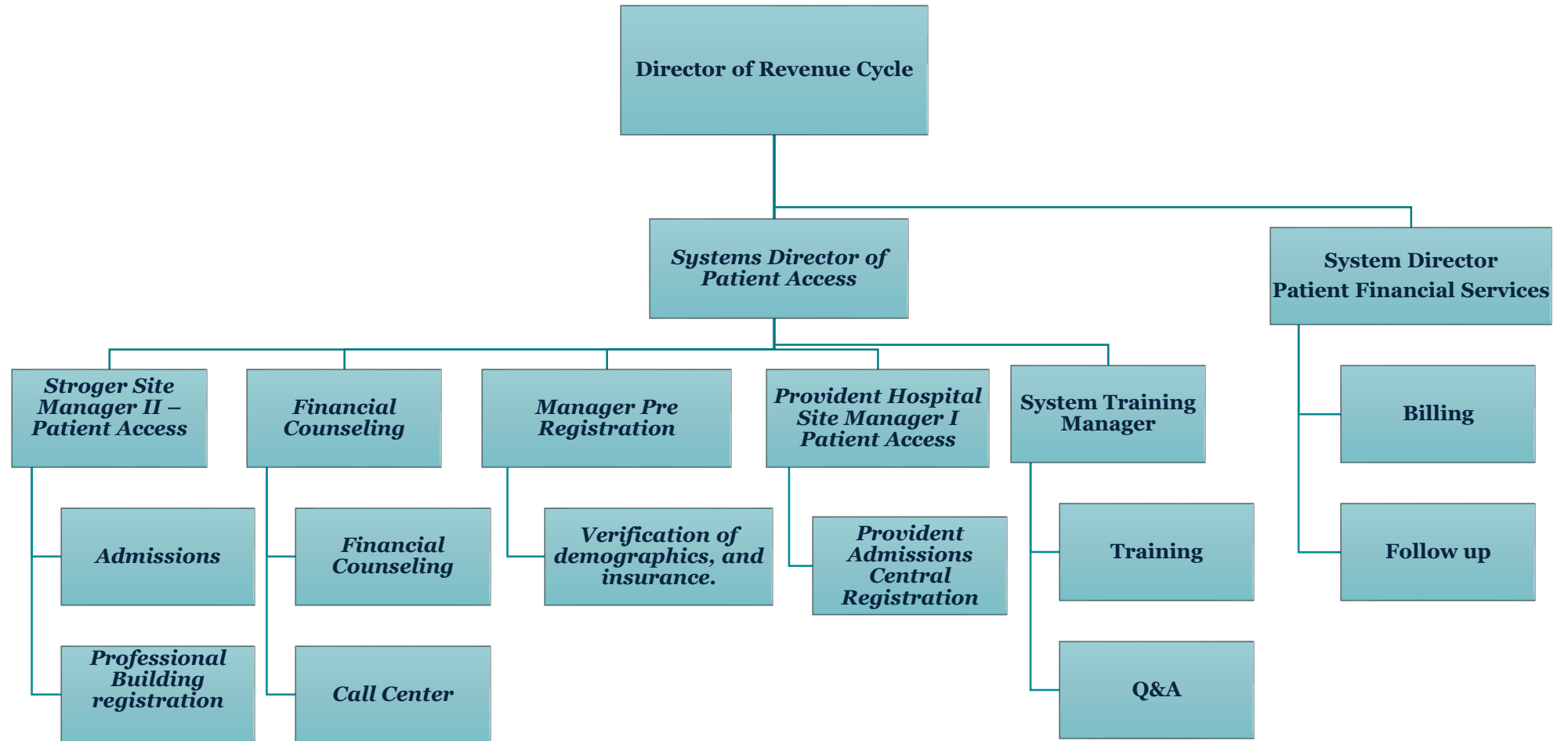
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: NCHS, National Health Interview Survey, 2017 and 2018, Family Core component.

Revenue Cycle - Patient Access & Financial Counseling



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Overview of Revenue Cycle Department



Overview of Revenue Cycle Department

Areas of Responsibility and Scale of Operations

| Department Name | Budget | FTE | Contracts |
|---|--------------|------------|---|
| Revenue Cycle Patient Access <ul style="list-style-type: none">• Call Center• Admissions• Financial Counseling• Systems Training and Quality Patient Financial Services <ul style="list-style-type: none">• Billing• Follow-up | \$18M | 304 | Ajilon \$195K Great Lakes Medicaid (GLM) \$1.7M Change Healthcare \$334K Experian \$400K |

Financial Counseling - Benefits Advisory Services

1. Financial Counseling - Benefits Advisors

- ✓ Advise and educate patients on the best benefits and payment options for medical charges incurred during visits.

2. Purpose / Citation -

- ✓ Affordable Care Act (ACA) – The comprehensive health care reform law enacted in March 2010
- ✓ Cook County Ordinance (No. 16-4392,9-14-2016) enhancing CCH Financial Assistance (Direct Access) program

1. <https://www.healthcare.gov/glossary/affordable-care-act/>

2. <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3001&ChapterID=21>

3. <https://www.cms.gov/regulations-and-guidance/legislation/emtala/>

Financial Counselling - Benefits Advisory Services

1. Purpose / Citation - cntd.

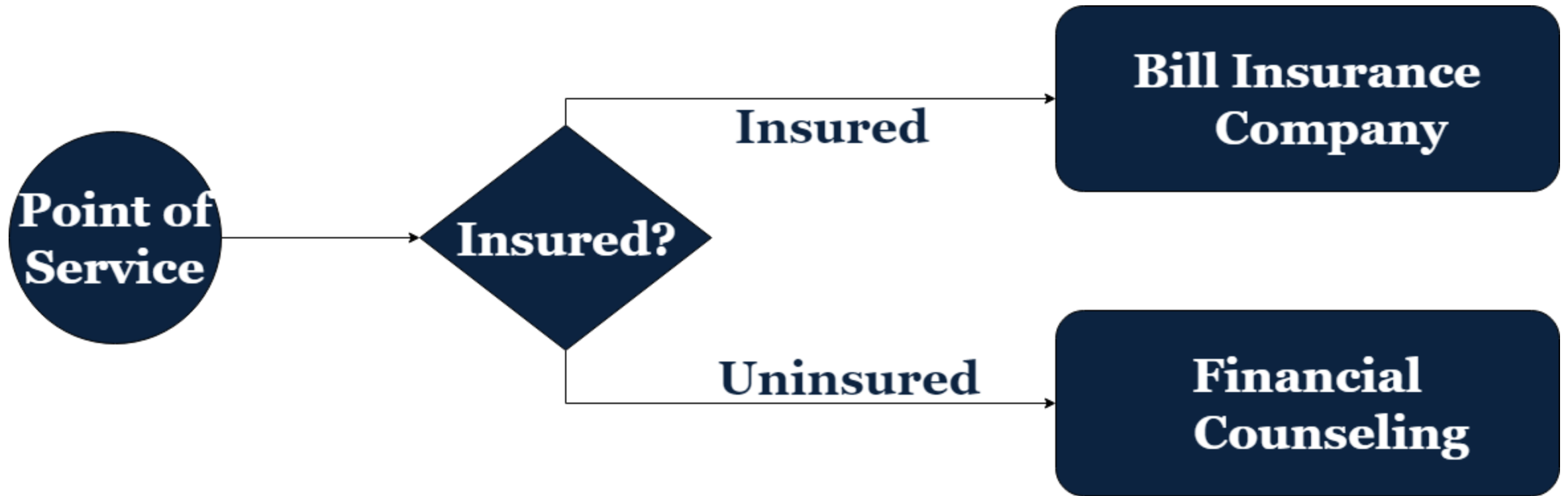
- ✓ **Financial Assistance Policies (FAPs).** Section 501(r)(4) of the Internal Revenue Code (IRC) requires a tax-exempt hospital organization to establish a written financial assistance policy (FAP).
 - ✓ Section 9007(a) of the Patient Protection and Affordable Care Act (PPACA), Public Law 111-148 (124 Stat. 119 (2010)).
 - ✓ TD 9708, 79 FR 78954, Internal Revenue Service, New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act
 - ✓ Internal Revenue Service, Tax Exempt Hospitals: The Community Benefit Standard and Affordable Care Act under IRC Section 501(r), Financial Assistance Policy.
- ✓ **Hospital Uninsured Patient Discount Act of Illinois (HUPDA)** – A discount program established to help residents living in the State of Illinois (but outside of Cook County) who are uninsured to pay for their health care services at CCH. [2]
- ✓ **Emergency Medical Treatment and Active Labor Act (EMTALA)** – To ensure public access to emergency services regardless of ability to pay. [3]

1. <https://www.healthcare.gov/glossary/affordable-care-act/>

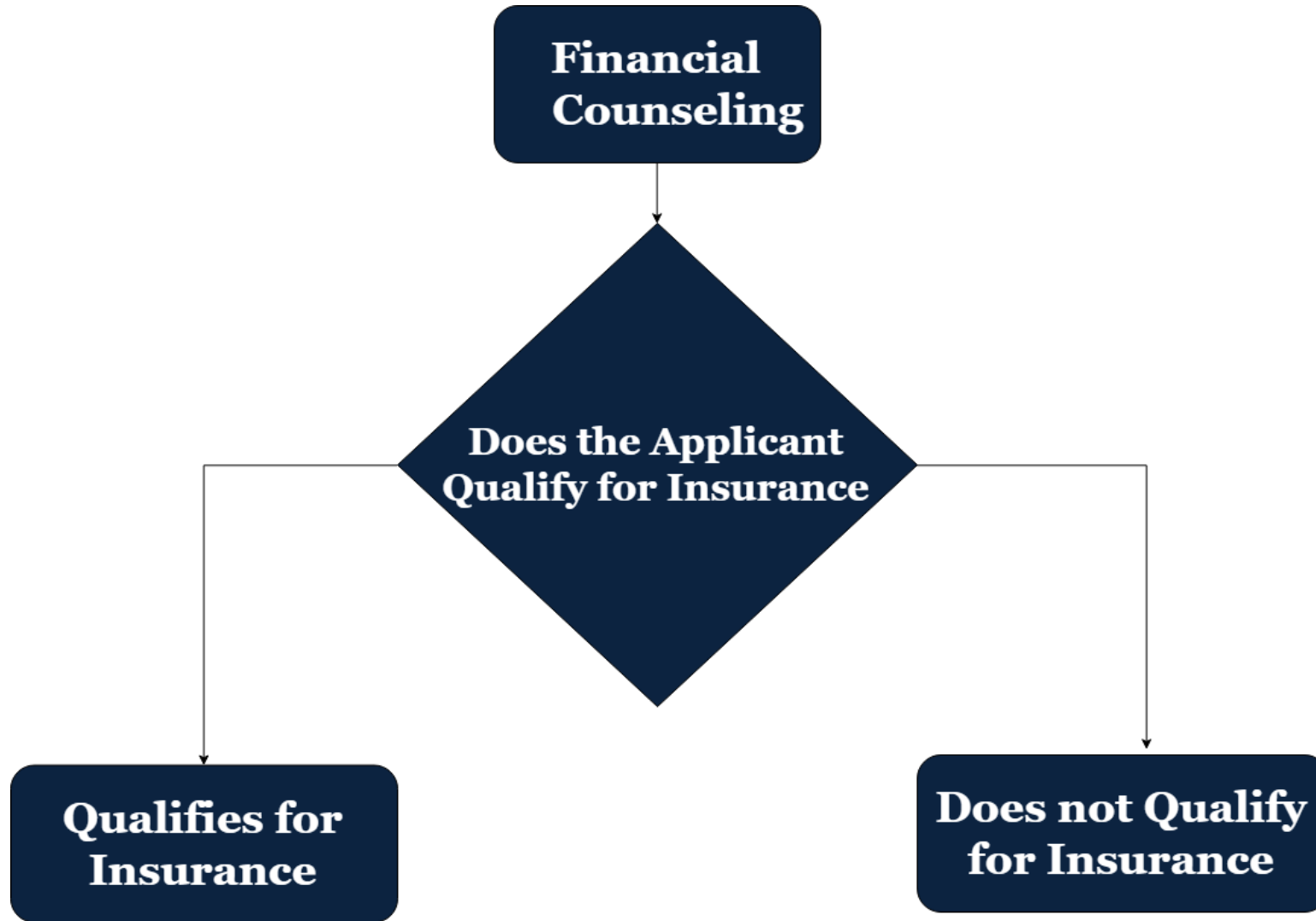
2. <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3001&ChapterID=21>

3. <https://www.cms.gov/regulations-and-guidance/legislation/emtala/>

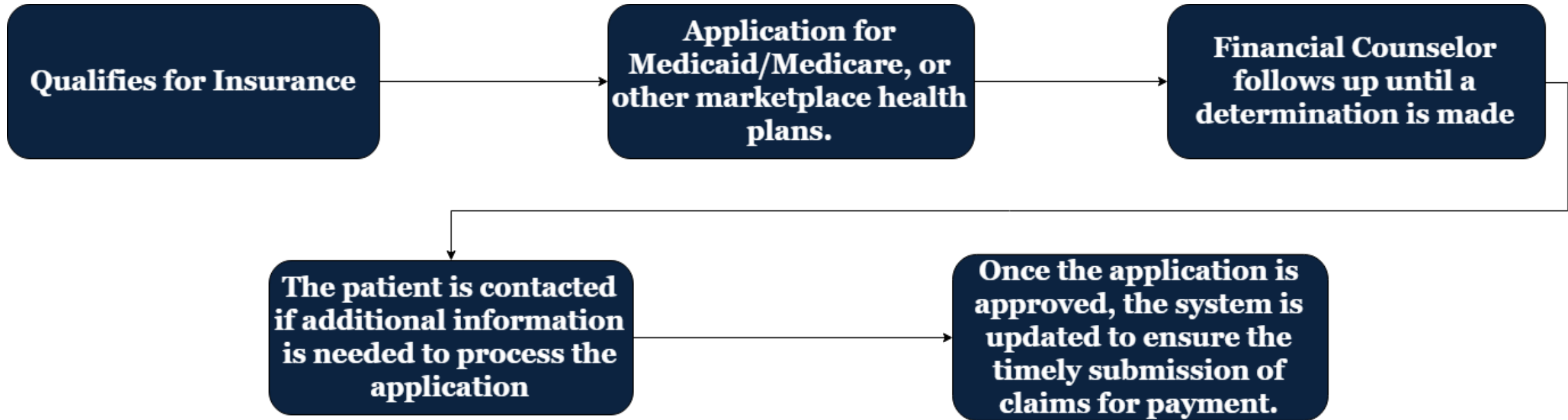
Financial Counseling Process (Flow Chart)



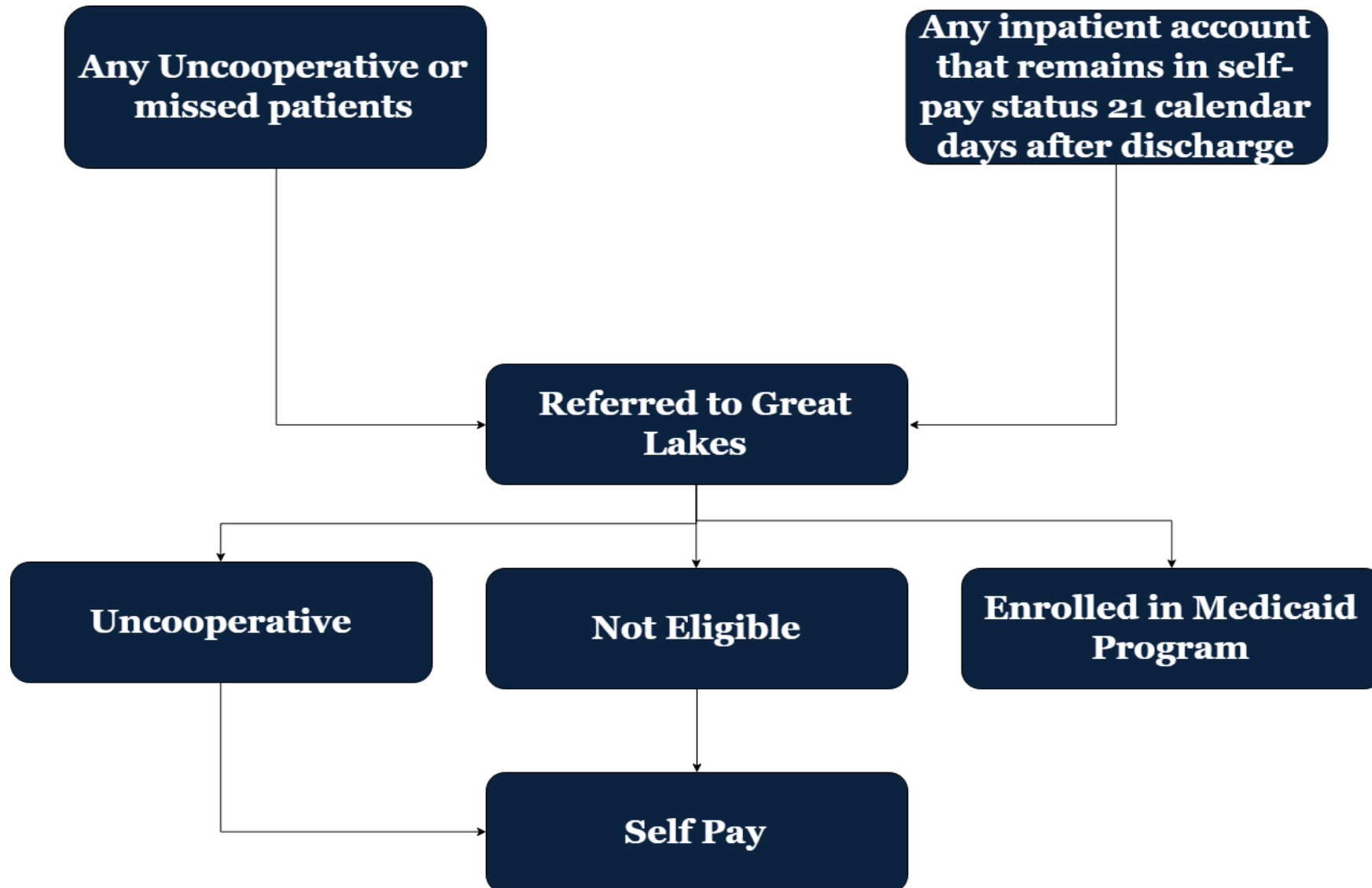
Financial Counseling Process (Flow Chart)



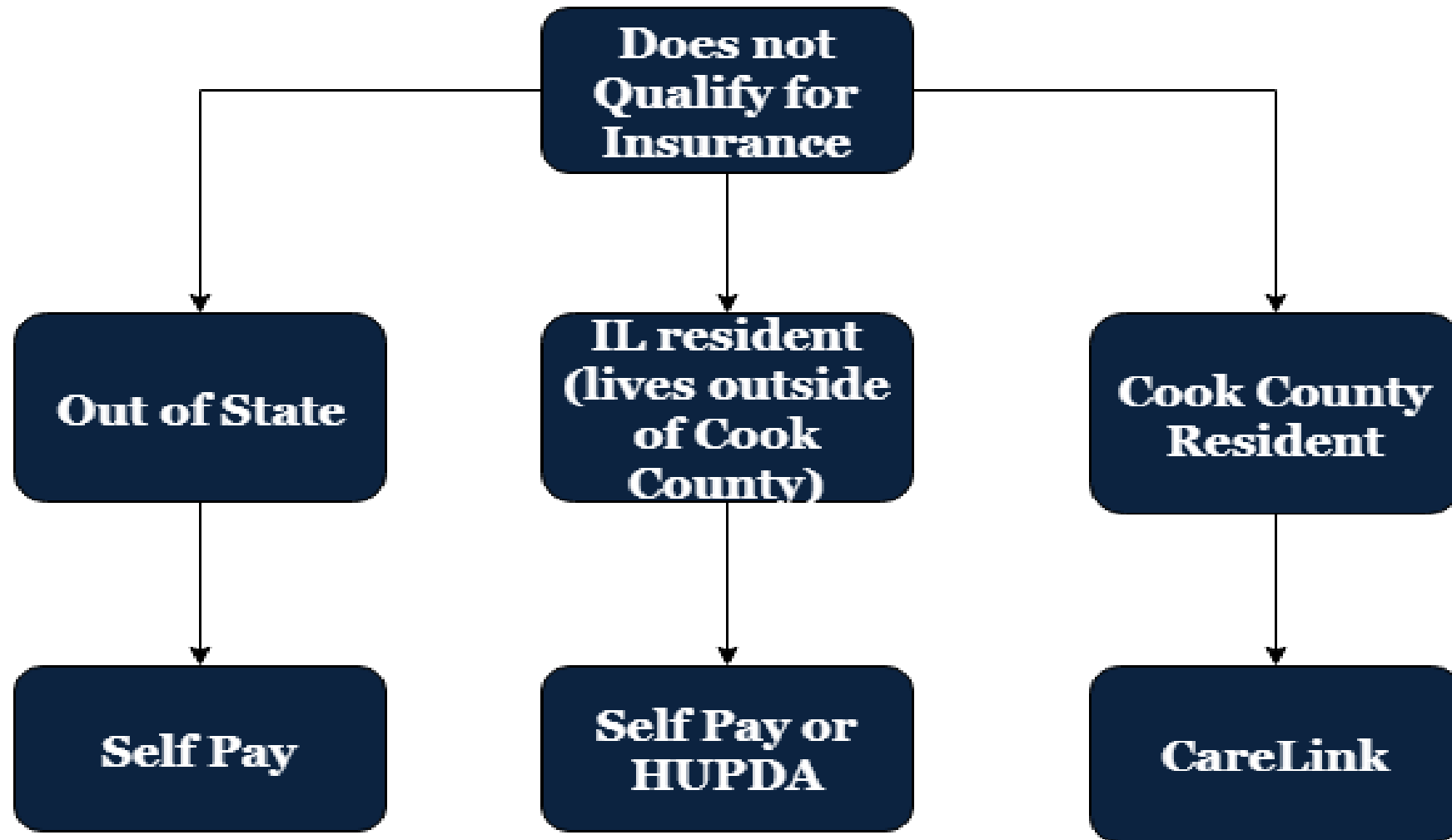
Financial Counseling Process (Flow Chart)



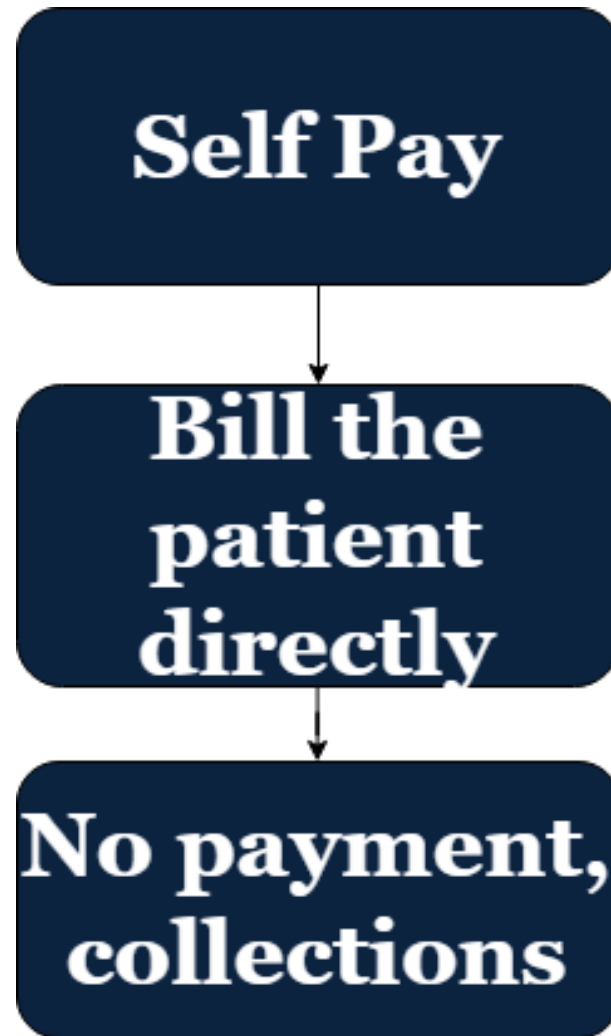
Financial Counseling Process (Flow Chart)



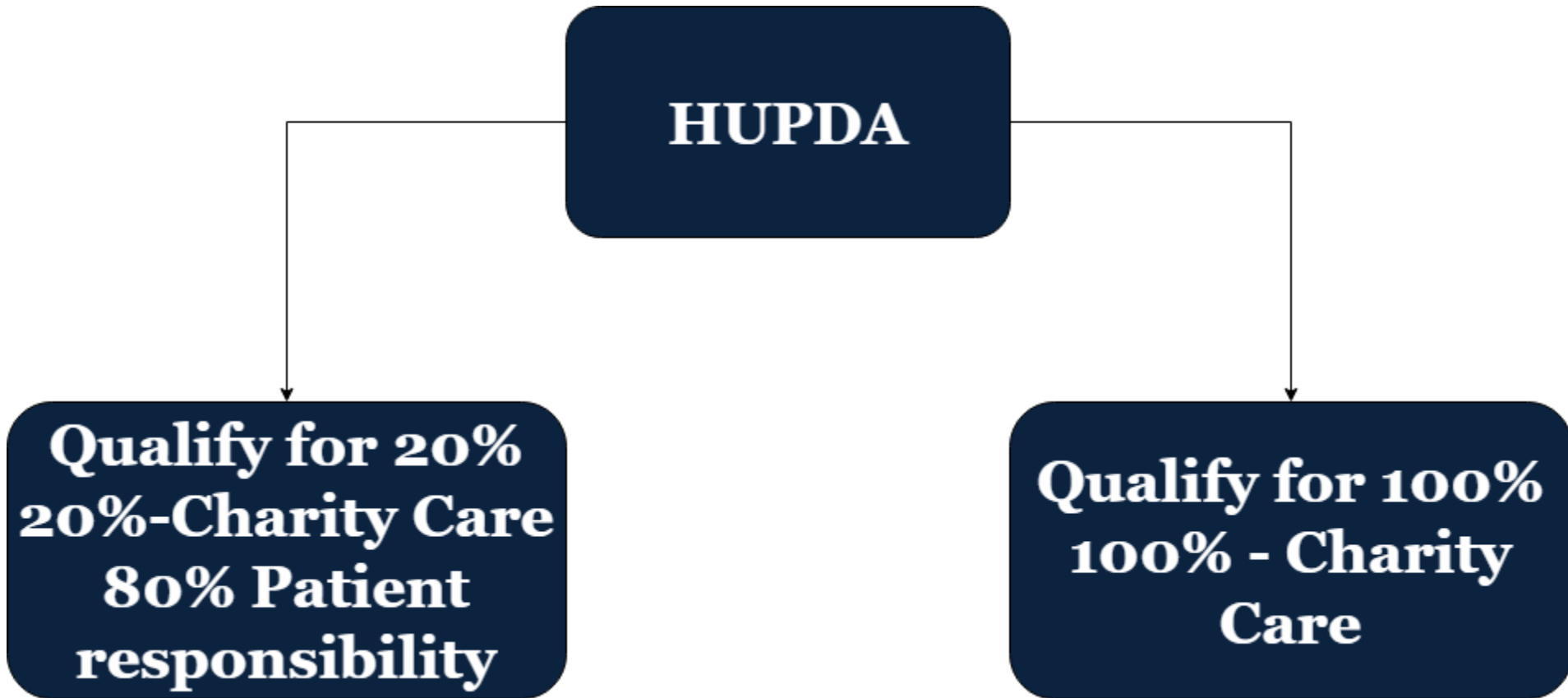
Financial Counseling Process (Flow Chart)



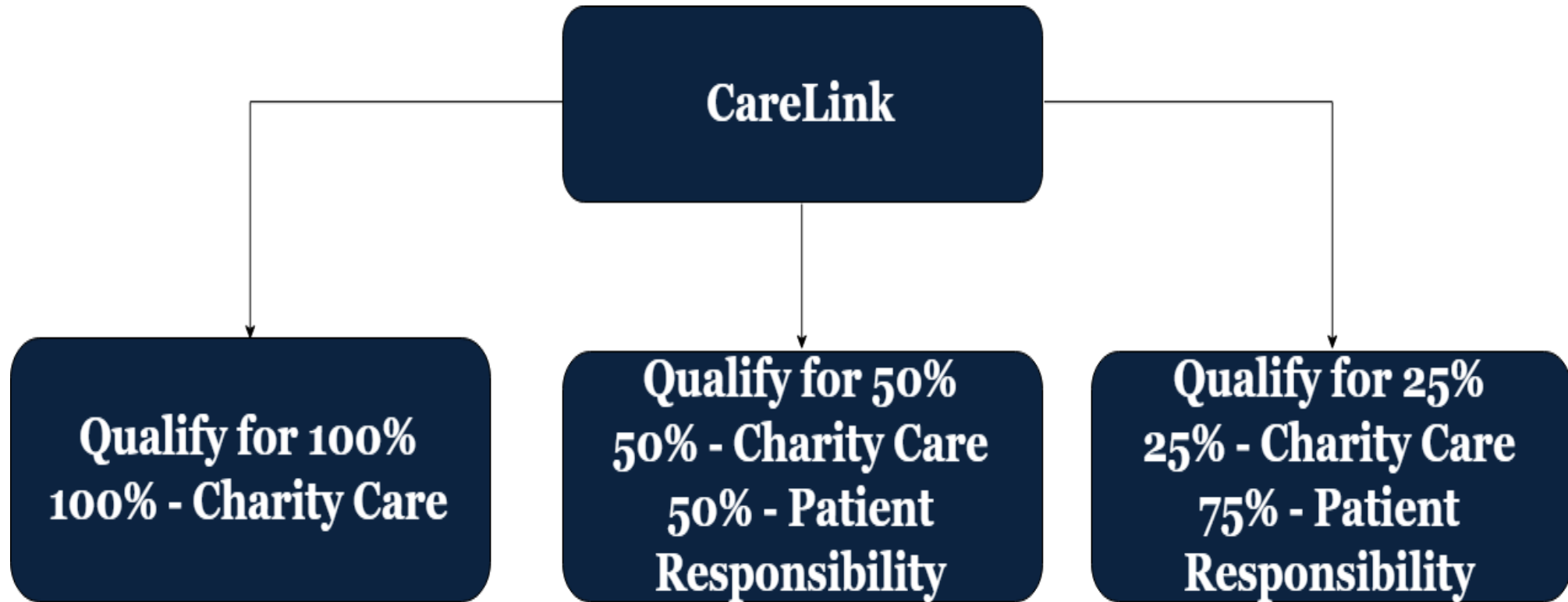
Financial Counseling Process (Flow Chart)



Financial Counseling Process (Flow Chart)



Financial Counseling Process (Flow Chart)



Program Overview: ACA - Medicaid Expansion

ACA Medicaid expansion approval levels are based on the Federal Poverty Level (FPL) guidelines

- Income less than or equal to 138%

** Effective Date: 4/1/2019*

| Family Size | Monthly | Yearly |
|-------------|---------|-----------------|
| 1 | \$1,436 | \$17,232 |
| 2 | \$1,944 | \$23,328 |

Program Overview: CareLink Approval Levels

CareLink approval levels are based on the Federal Poverty Level (FPL) guidelines

- Income less than or equal to 250% FPL = 100% CareLink discount
- Income greater than 250% FPL but less than 350% FPL = 50% CareLink discount
- Income greater than 350% FPL but less than 600% = 25%

****Updated as of 4/1/2019***

| Family Size | Maximum yearly income | Maximum yearly income | Maximum yearly income |
|-------------|-----------------------|-----------------------|-----------------------|
| | 100% Discount | 50% Discount | 25% Discount |
| 1 | \$31,225 | \$43,715 | \$74,940 |
| 2 | \$42,275 | \$59,185 | \$101,460 |
| 3 | \$53,325 | \$74,655 | \$127,980 |
| 4 | \$64,375 | \$90,125 | \$154,500 |

Program Overview: Hospital Uninsured Patient Discount Act

Approval Levels

HUPDA approval levels are based on the Federal Poverty Level (FPL) guidelines

- Income less than or equal to 200% = 100% discount
- Income greater than 200% FPL = 20% discount

Effective 4/1/19

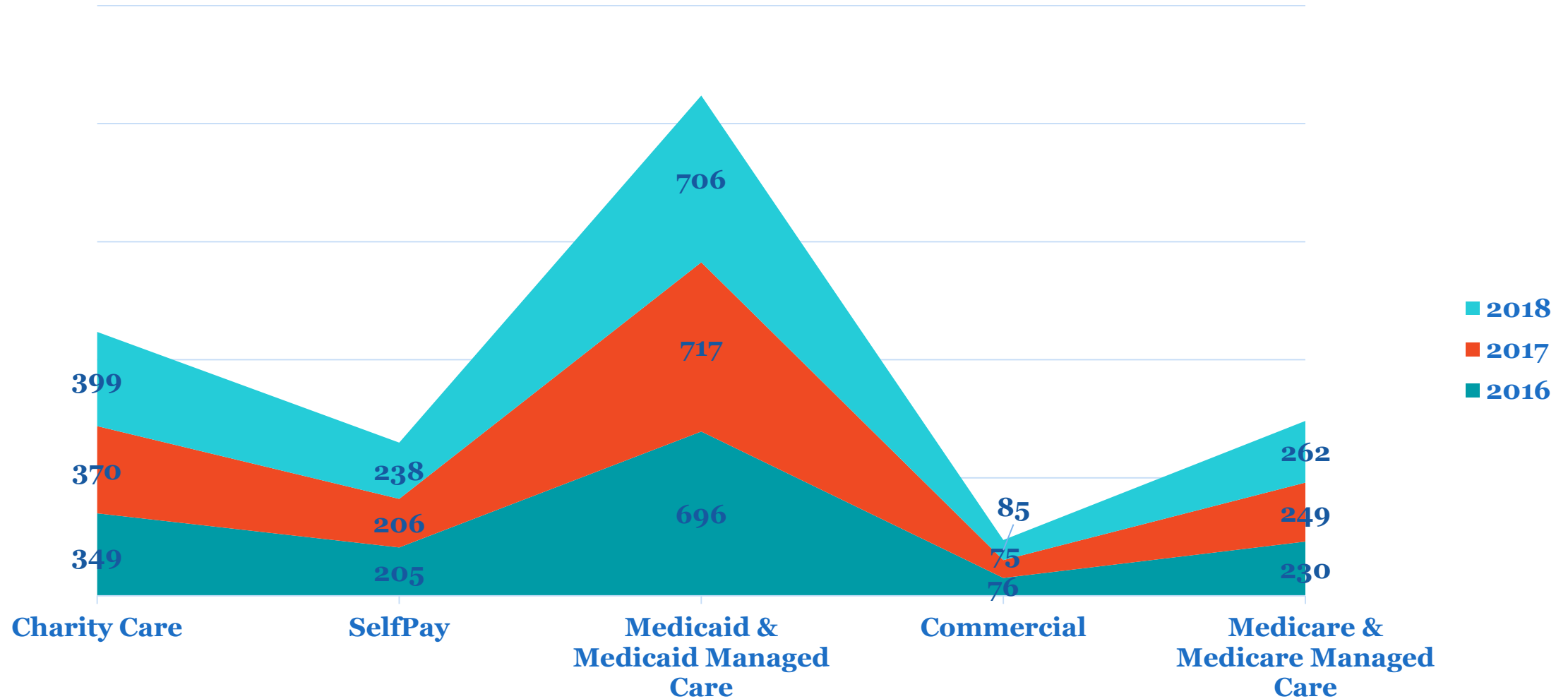
| Family Size | 100% Discount | 20% |
|-------------|---------------|-----------|
| 1 | \$24,980 | \$74,940 |
| 2 | \$33,820 | \$101,460 |
| 3 | \$42,660 | \$127,980 |
| 4 | \$51,500 | \$154,500 |
| 5 | \$60,340 | \$181,020 |
| 6 | \$69,180 | \$207,540 |
| 7 | \$78,020 | \$234,060 |
| 8 | \$86,860 | \$260,580 |

FY 2016 through FY 2019 YTD Payor Mix by Charges



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System Payor Mix By Charges FY2016-FY2018 (in millions)





Uninsured Analysis Study and Preliminary Observations



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Uninsured Analysis

1. Process of Study

- ✓ Point in time Cohort Study of uninsured patients in the self-pay and Charity Care category
- ✓ FY2018 cohort looking back through FY2016
- ✓ FY2016 cohort looking forward through FY2018

2. Results & Observations

- ✓ Demographics
- ✓ Location
- ✓ Utilization vs Rest of CCH

✓ Utilization
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Uninsured Analysis Methodology

1. Cohort of ALL uninsured on a certain day 11/30/2018 was identified.
2. Identified patients in cohort was queried to determine if members were also ;
 - a. uninsured on 11/30/2017 and,
 - b. uninsured on 11/30/2016
3. Results - 22,228 patients were identified as continuously uninsured Patients in FY2016 through FY2018
 - a. 6,990 were identified as Self Pay
 - b. 15,238 were identified as Charity Care

Uninsured Analysis – Study Questions

1. Does CCH have a robust Benefits Advisory/Financial Counseling process for connecting eligible patients to benefits?
2. How many consistently uninsured do we serve?
3. Who are the consistently uninsured, i.e. demographics?
4. Do the consistently uninsured have problems in accessing CCH services vs the rest of CCH?
5. What are financial implications for CCH serving the continuously uninsured?



Self Pay Cohort



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Self Pay Cohort

1. Definition / Process of Study

- ✓ Point in time Cohort Study of Self-Pay patients
- ✓ FY2018 cohort looking back through FY2016
- ✓ FY2016 cohort looking forward through FY2018

2. Results & Observations vs Kaiser Family Foundation Study key Facts

- ✓ Demographics
- ✓ Location
- ✓ Utilization vs Rest of CCH
- ✓ Utilization

Self Pay Cohort – Summary of Results

Observations vs. Kaiser Family Foundation (KFF) Key Facts

How many people are Self-Pay? - **6,990**

Why do people remain Self-Pay? – **To be tested or surveyed**

KFF Research Findings - In 2017, 45% of uninsured adults said that they remained uninsured because

- the cost of coverage was too high.
- many do not have access to coverage through a job
- some eligible for financial assistance under the ACA may not know they can get help,
- and undocumented immigrants are ineligible for Medicaid or Marketplace coverage.

3. Who remains in Self Pay? **Male (52%)**

White (46%)

45-64 years old (47%) non Hispanic/Latino (52%)

Self Pay Cohort - Summary of Results

Observations vs. Kaiser Family Foundation Key Facts

How does not having coverage affect health care access?

7% more Visits, 9% more outpatient visits, about 13% less inpatient stays.

A. People without insurance coverage have worse access to care than people who are insured?

Not apparent in CCH population

B. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

To be further interrogated

What are financial implications for CCH serving the continuously uninsured?

CCH FY2018 - 235K Accounts referred to collections, \$296.8M and \$3.7M or 1% Collected

Per KFF - The uninsured often face unaffordable medical bills when they do seek care. In 2017, uninsured nonelderly adults were over twice as likely as their insured counterparts to have had problems paying medical bills in the past 12 months. These bills can quickly translate into medical debt since most of the uninsured have low or moderate incomes and have little, if any, savings.

Self Pay Charges -Top 15 Services by Charges (in millions \$'s)

| Clinical Service | | 2016 | | 2017 | | 2018 | | Grand Total |
|--------------------|----|-------|----|-------|----|-------|----|-------------|
| EMERGENCY ADULT | \$ | 38.95 | \$ | 35.52 | \$ | 48.38 | \$ | 122.85 |
| GEN MED | \$ | 35.88 | \$ | 34.50 | \$ | 35.63 | \$ | 106.00 |
| AMBULATORY SURG | \$ | 22.79 | \$ | 20.19 | \$ | 24.92 | \$ | 67.90 |
| MEDICINE | \$ | 11.97 | \$ | 14.28 | \$ | 16.98 | \$ | 43.23 |
| TRAUMA | \$ | 10.12 | \$ | 9.86 | \$ | 11.33 | \$ | 31.30 |
| FAMILY PRACTICE | \$ | 6.41 | \$ | 7.95 | \$ | 7.51 | \$ | 21.87 |
| SURGERY | \$ | 6.54 | \$ | 4.86 | \$ | 6.18 | \$ | 17.58 |
| OBSTETRICS | \$ | 3.38 | \$ | 6.92 | \$ | 4.82 | \$ | 15.12 |
| CHEMOTHERAPY | \$ | 4.55 | \$ | 4.96 | \$ | 4.89 | \$ | 14.40 |
| RADIATION THERAPY | \$ | 4.73 | \$ | 4.64 | \$ | 4.60 | \$ | 13.97 |
| GYNECOLOGY | \$ | 3.25 | \$ | 3.09 | \$ | 4.48 | \$ | 10.82 |
| CARDIOTHORACIC | | | | | | | | |
| SURGERY | \$ | 4.20 | \$ | 3.44 | \$ | 2.75 | \$ | 10.39 |
| OPHTHALMOLOGY | \$ | 2.77 | \$ | 3.50 | \$ | 4.10 | \$ | 10.38 |
| UROLOGY | \$ | 2.76 | \$ | 3.14 | \$ | 2.84 | \$ | 8.74 |
| NEUROSURGERY | \$ | 2.85 | \$ | 2.68 | \$ | 2.32 | \$ | 7.84 |
| All Others | | | | | | | | |
| Grand Total | | | | | | | | |

Self Pay Demographics

| | Self Pay | |
|------------------------------------|----------|---------|
| Gender | Patients | Percent |
| Female | 3,358 | 48.0% |
| Male | 3,626 | 51.9% |
| Transgender | 6 | 0.1% |
| Total | 6,990 | |
| | Self Pay | |
| Race | Patients | Percent |
| African-American/Black | 2,450 | 35.1% |
| American Indian/Native Alaskan | 131 | 1.9% |
| Asian | 380 | 5.4% |
| Native Hawaiian/Pacific Islander | 3 | 0.0% |
| Other/UTD | 783 | 11.2% |
| White | 3,243 | 46.4% |
| | Self Pay | |
| Ethnicity | Patients | Percent |
| Hispanic/Latino/Spanish Origin | 3,320 | 47.5% |
| Non-Hispanic/Latino/Spanish Origin | 3,669 | 52.5% |
| Unknown | 1 | 0.0% |
| | Self Pay | |
| Age Group | Patients | Percent |
| 0 - 18 | 82 | 1.2% |
| 19 - 44 | 2,836 | 40.6% |
| 45 - 64 | 3,282 | 47.0% |
| 65 - 74 | 568 | 8.1% |
| 75 + | 222 | 3.2% |



Self Pay Location – Widely Distributed

| Self Pay | | | |
|----------|----------|---------|------------|
| Zip Code | Patients | Percent | Cumulative |
| 60608 | 471 | 6.7% | 6.7% |
| 60623 | 367 | 5.3% | 12.0% |
| 60629 | 325 | 4.6% | 16.6% |
| 60804 | 297 | 4.2% | 20.9% |
| 60632 | 284 | 4.1% | 24.9% |
| 60609 | 239 | 3.4% | 28.4% |
| 60639 | 233 | 3.3% | 31.7% |
| 60617 | 166 | 2.4% | 34.1% |
| 60651 | 159 | 2.3% | 36.4% |
| 60625 | 135 | 1.9% | 38.3% |
| 60628 | 126 | 1.8% | 40.1% |
| 60618 | 124 | 1.8% | 41.9% |
| 60620 | 122 | 1.7% | 43.6% |
| 60619 | 118 | 1.7% | 45.3% |
| 60636 | 117 | 1.7% | 47.0% |
| Rest | 3,707 | 53.0% | 100.0% |



Self Pay Utilization (Total Visits)

| Self Pay | | | |
|--------------|----------|---------|------------|
| Total Visits | Patients | Percent | Cumulative |
| 1 | 1,802 | 25.8% | 25.8% |
| 2 | 1,121 | 16.0% | 41.8% |
| 3 | 819 | 11.7% | 53.5% |
| 4 | 649 | 9.3% | 62.8% |
| 5 | 536 | 7.7% | 70.5% |
| 6 | 383 | 5.5% | 76.0% |
| 7 | 300 | 4.3% | 80.3% |
| 8 | 222 | 3.2% | 83.4% |
| 9 | 184 | 2.6% | 86.1% |
| 10 | 151 | 2.2% | 88.2% |
| > 10 | 823 | 11.8% | 100.0% |

| Self Pay | | | |
|---|----------|---------|--|
| Number of patients with only 1 visit to Emergency | | | |
| ED Visits | Patients | Percent | |
| 1 | 679 | 9.7% | |

| Utilization Rates per 1,000 patients | |
|--------------------------------------|-------|
| Self Pay | |
| Total Visits | 5,018 |
| Outpatient | 4,253 |
| E.D Discharged | 638 |
| Total Admissions | 110 |
| Inpatient | 60 |
| Observation | 50 |

| Everyone Else |
|---------------|
| 4,687 |
| 3,886 |
| 641 |
| 141 |
| 89 |
| 52 |



Charity Care Cohort



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Charity Care Cohort

1. Definition / Process of Study

- ✓ Point in time Cohort Study of uninsured patients
- ✓ FY2018 cohort looking back through FY2016
- ✓ FY2016 cohort looking forward through FY2018

2. Results & Observations

- ✓ Demographics
- ✓ Location
- ✓ Utilization vs Rest of CCH
- ✓ Utilization

Charity Care Cohort – Summary of Results / Observations vs Kaiser Family Foundation (KFF) Key Facts

How many people are continuously in Charity Care? - **15,238**

Why do people remain Charity Care? – **To be tested or surveyed**

KFF Research Findings - In 2017, 45% of uninsured adults said that they remained uninsured because

- the cost of coverage was too high.
- Many people do not have access to coverage through a job, and some people
- Some people who are eligible for financial assistance under the ACA may not know they can get help,
- and undocumented immigrants are ineligible for Medicaid or Marketplace coverage.

3. Who (demographics) remains in Charity care? - **Female 64%** **White 71%**
Age (45-64) making up 56% **non Hispanic/Latino 73%**

Charity Care Cohort – Summary of Results

Observations vs. Kaiser Family Foundation Key Facts

1. Quick Summary of Results

How does not having coverage affect health care access? **99% more Visits , 122% more outpatient visits, about 21% more observation stays**

A. People without insurance coverage have worse access to care than people who are insured?

Not apparent in CCH population

B. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

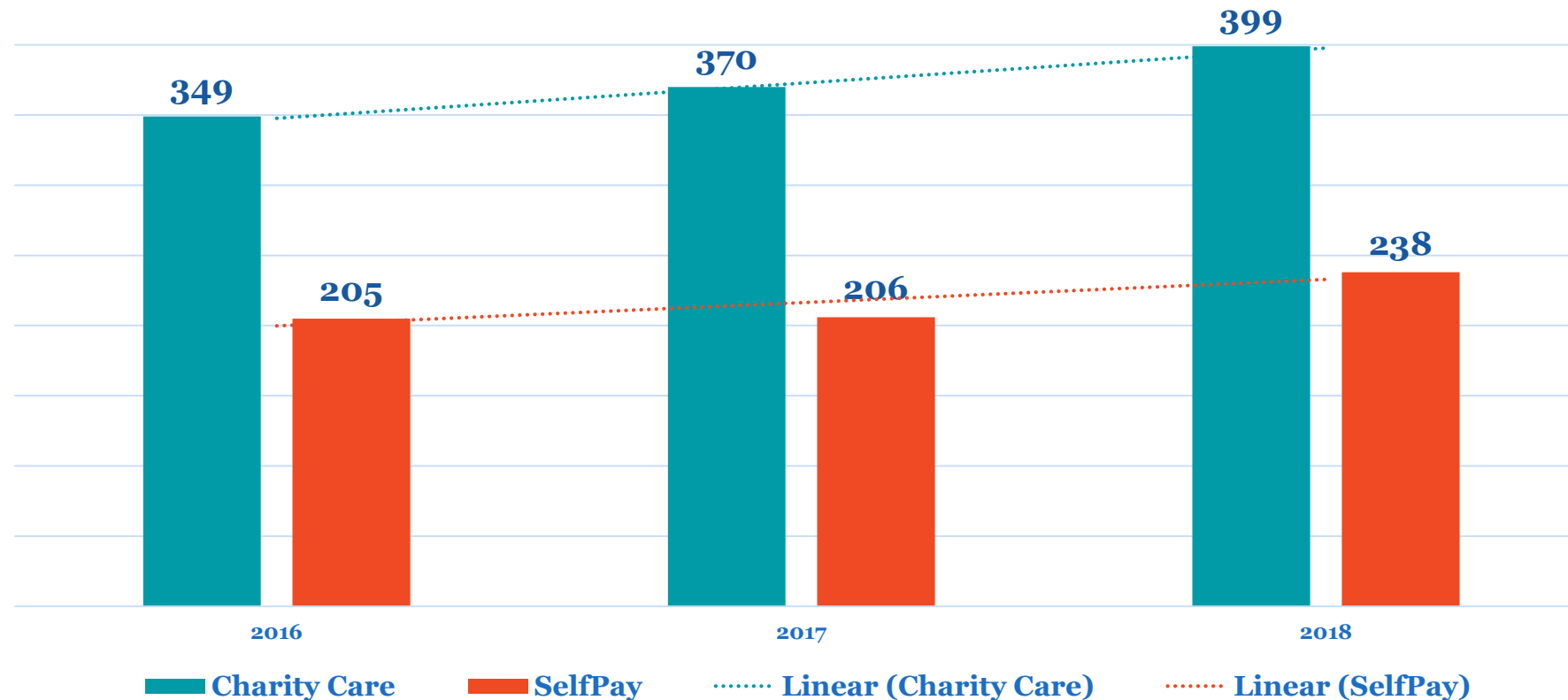
To be further interrogated

What are financial implications for CCH serving the continuously uninsured?

Charity Care Cohort – Summary of Results

Observations vs. Kaiser Family Foundation Key Facts

What are financial implications for CCH serving the uninsured? **Data below - Charges in \$ millions**



Charity Care- Top 15 Services by Charges (in millions \$'s)

| Services | 2016 | 2017 | 2018 | Grand Total |
|------------------------|-------|-------|-------|-------------|
| GEN MED | 51.02 | 59.93 | 47.99 | 158.95 |
| AMBULATORY SURG | 42.22 | 49.14 | 49.85 | 141.21 |
| EMERGENCY ADULT | 22.87 | 21.75 | 27.59 | 72.21 |
| MEDICINE | 21.03 | 24.65 | 26.18 | 71.85 |
| FAMILY PRACTICE | 15.52 | 22.16 | 24.29 | 61.96 |
| SURGERY | 13.33 | 14.20 | 16.29 | 43.82 |
| GYNECOLOGY | 12.36 | 12.64 | 16.29 | 41.30 |
| RADIATION THERA | 13.01 | 11.37 | 16.90 | 41.27 |
| CHEMOTHERAPY | 12.47 | 14.00 | 14.29 | 40.76 |
| OPHTHALMOLOGY | 6.17 | 8.53 | 9.81 | 24.51 |
| CARDIOTHORACIC SURGERY | 6.81 | 6.76 | 9.68 | 23.26 |
| LABORATORY | 7.67 | 7.01 | 6.32 | 21.00 |
| RADIOLOGY (GENE | 3.50 | 6.31 | 10.14 | 19.95 |
| RADIOLOGY IMAGI | 8.21 | 6.35 | 4.27 | 18.83 |
| NEUROSURGERY | 5.13 | 5.86 | 5.94 | 16.93 |

Charity Care Demographics

| | Carelink/Financial Assist | |
|------------------------------------|---------------------------|---------|
| Gender | Patients | Percent |
| Female | 9,701 | 63.7% |
| Male | 5,532 | 36.3% |
| Transgender | 5 | 0.0% |
| Total | 15,238 | |
| | Carelink/Financial Assist | |
| Race | Patients | Percent |
| African-American/Black | 1,163 | 7.6% |
| American Indian/Native Alaskan | 226 | 1.5% |
| Asian | 1,089 | 7.1% |
| Native Hawaiian/Pacific Islander | 11 | 0.1% |
| Other/UTD | 1,909 | 12.5% |
| White | 10,840 | 71.1% |
| | Carelink/Financial Assist | |
| Ethnicity | Patients | Percent |
| Hispanic/Latino/Spanish Origin | 11,139 | 73.1% |
| Non-Hispanic/Latino/Spanish Origin | 4,099 | 26.9% |
| Unknown | 0 | 0.0% |
| | Carelink/Financial Assist | |
| Age Group | Patients | Percent |
| 0 - 18 | 0 | 0.0% |
| 19 - 44 | 4,550 | 29.9% |
| 45 - 64 | 8,465 | 55.6% |
| 65 - 74 | 1,705 | 11.2% |
| 75 + | 518 | 3.4% |



Charity Care Location

| Carelink/Financial Assist | | | |
|---------------------------|----------|---------|------------|
| Zip Code | Patients | Percent | Cumulative |
| 60804 | 1,058 | 6.9% | 6.9% |
| 60629 | 1,013 | 6.6% | 13.6% |
| 60623 | 957 | 6.3% | 19.9% |
| 60632 | 941 | 6.2% | 26.0% |
| 60639 | 765 | 5.0% | 31.1% |
| 60609 | 473 | 3.1% | 34.2% |
| 60641 | 425 | 2.8% | 37.0% |
| 60608 | 418 | 2.7% | 39.7% |
| 60625 | 371 | 2.4% | 42.1% |
| 60618 | 343 | 2.3% | 44.4% |
| 60411 | 335 | 2.2% | 46.6% |
| 60634 | 315 | 2.1% | 48.7% |
| 60402 | 287 | 1.9% | 50.5% |
| 60074 | 266 | 1.7% | 52.3% |
| 60617 | 261 | 1.7% | 54.0% |
| Rest | 7,010 | 46.0% | 100.0% |



Charity Care Utilization (Total Visits)

| Carelink/Financial Assist | | | |
|---------------------------|----------|---------|------------|
| Total Visits | Patients | Percent | Cumulative |
| 1 | 1,099 | 7.2% | 7.2% |
| 2 | 1,247 | 8.2% | 15.4% |
| 3 | 1,229 | 8.1% | 23.5% |
| 4 | 1,217 | 8.0% | 31.4% |
| 5 | 1,227 | 8.1% | 39.5% |
| 6 | 1,164 | 7.6% | 47.1% |
| 7 | 1,022 | 6.7% | 53.8% |
| 8 | 884 | 5.8% | 59.6% |
| 9 | 824 | 5.4% | 65.1% |
| 10 | 686 | 4.5% | 69.6% |
| > 10 | 4,639 | 30.4% | 100.0% |

| Utilization Rates per 1,000 patients | | Everyone Else |
|--------------------------------------|-------|---------------|
| Carelink/Financial Assist | | |
| Total Visits | 9,328 | 4,687 |
| | | |
| Outpatient | 8,631 | 3,886 |
| E.D Discharged | 532 | 641 |
| | | |
| Total Admissions | 148 | 141 |
| Inpatient | 85 | 89 |
| Observation | 63 | 52 |

| Carelink/Financial Assist | | | |
|---|----------|---------|--|
| Number of patients with only 1 visit to Emergency | | | |
| ED Visits | Patients | Percent | |
| 1 | 213 | 1.4% | |

Final Observations/Questions

1. Does our process work?
 1. Culture?
 2. Practices?
 3. Improvements?
2. Have we done all we can or should do for these groups?
3. Are their utilization patterns different?
4. Other Questions?

Questions?



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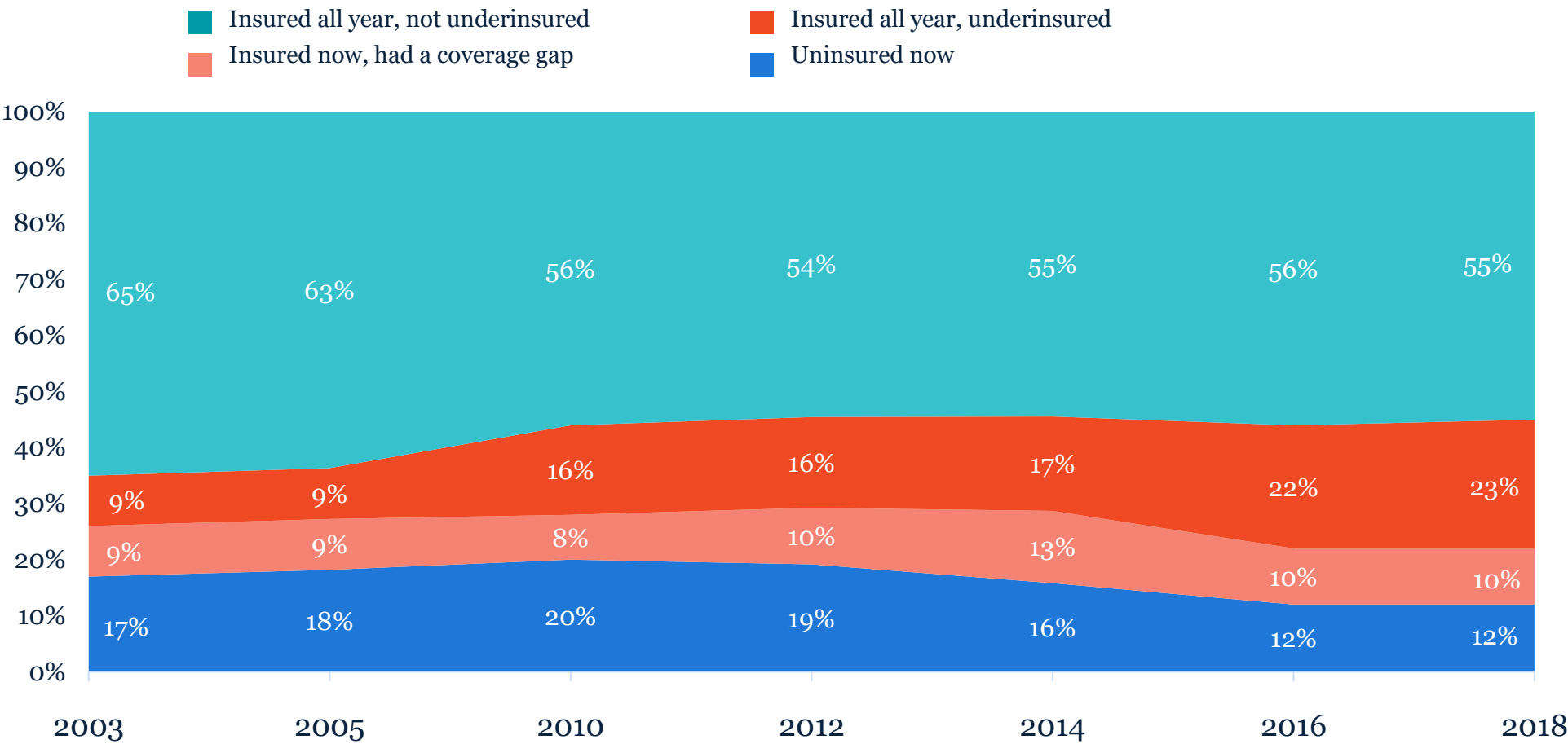
Appendix?



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Since the ACA, Fewer Adults Are Uninsured, but More Are Underinsured

Percent of adults ages 19–64

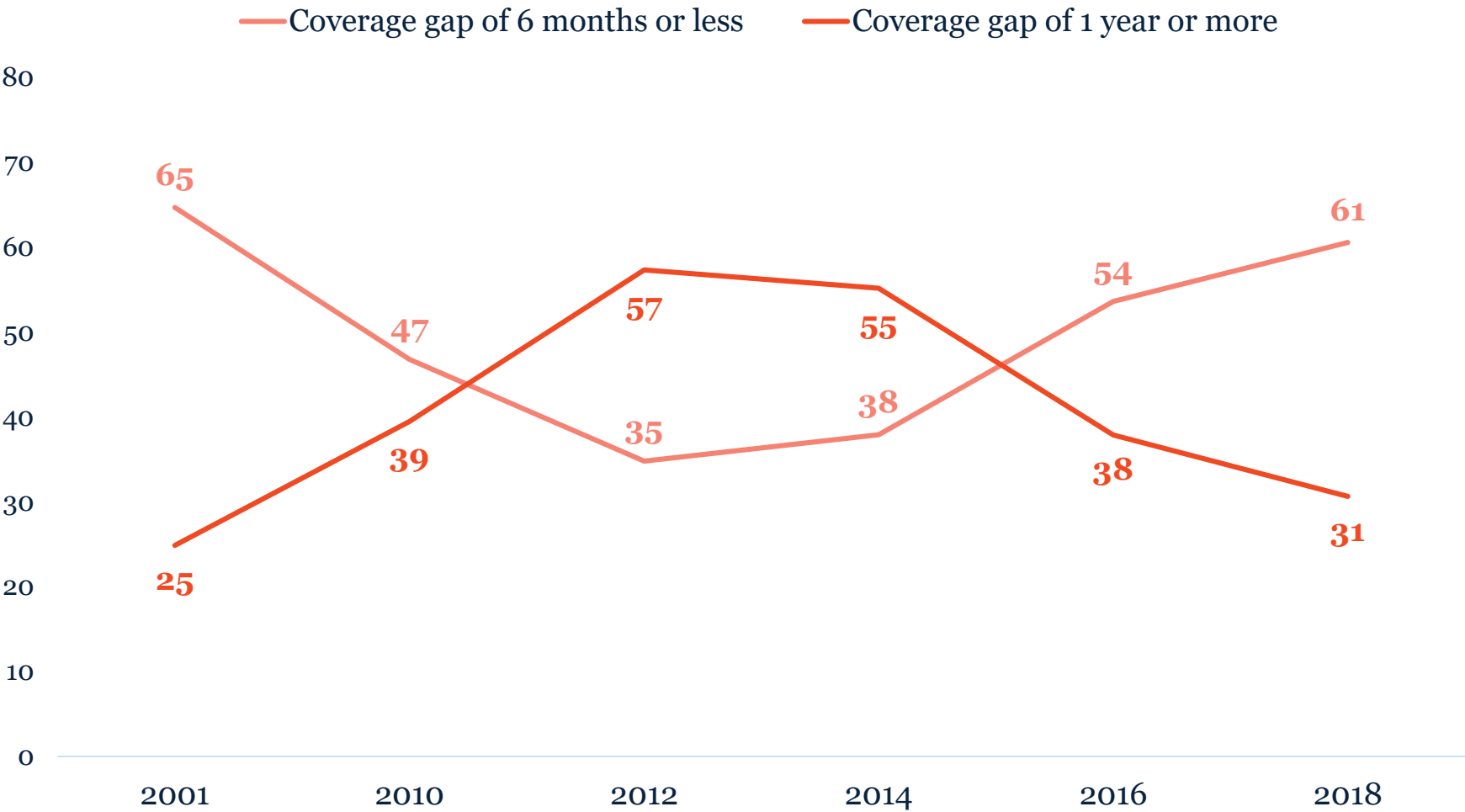


Notes: “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. “Insured now, had a coverage gap” refers to adults who were insured at the time of the survey but were uninsured at any point in the 12 months prior to the survey field date. “Uninsured now” refers to adults who reported being uninsured at the time of the survey.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, 2014, 2016, 2018).

Since the ACA, Gaps in People's Coverage Have Been Shorter

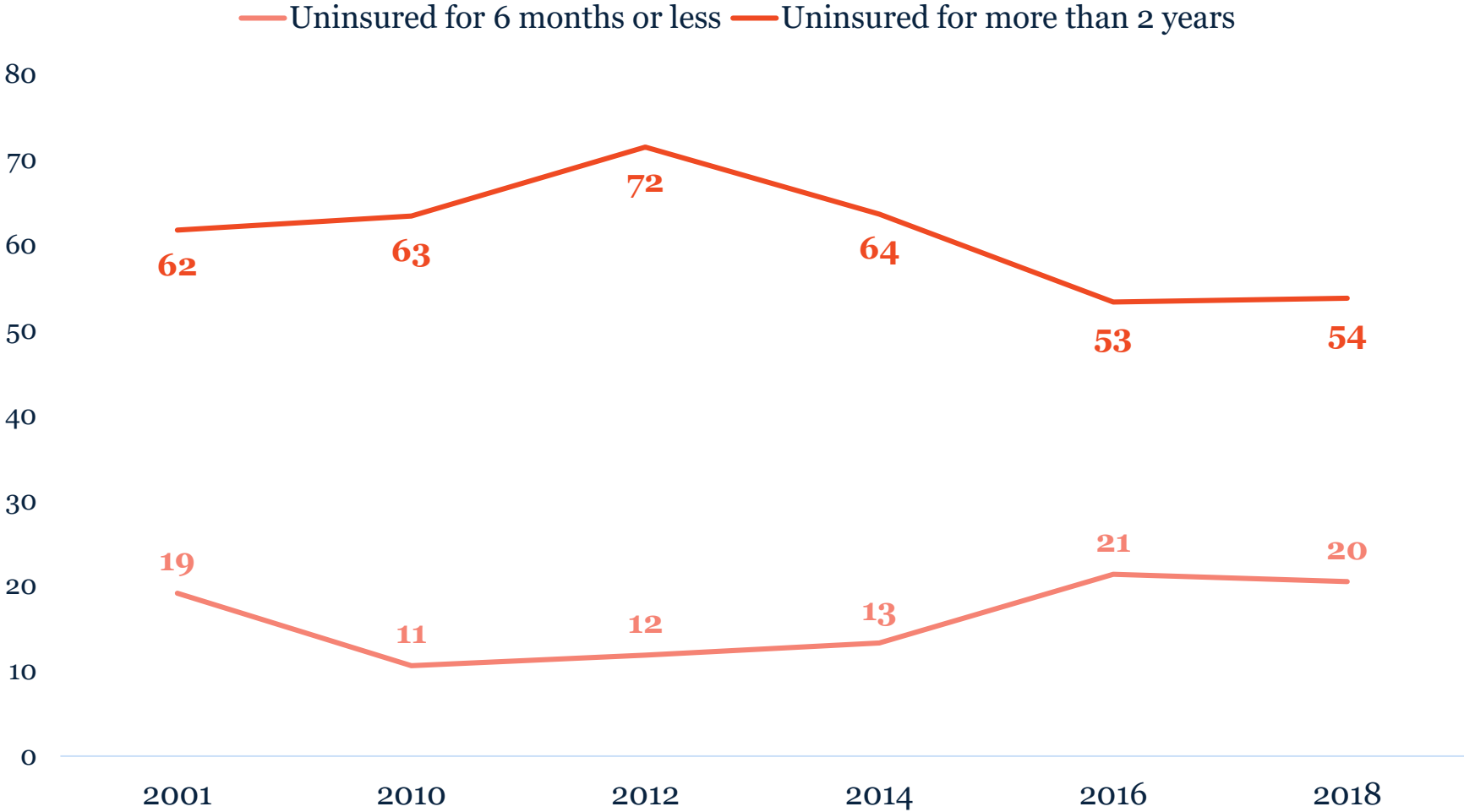
Percent of adults ages 19–64 insured now but had a coverage gap in past year



Data: Commonwealth Fund Biennial Health Insurance Surveys (2001, 2010, 2012, 2014, 2016, 2018).

There Has Been Some Improvement in Long-Term Uninsured Rates

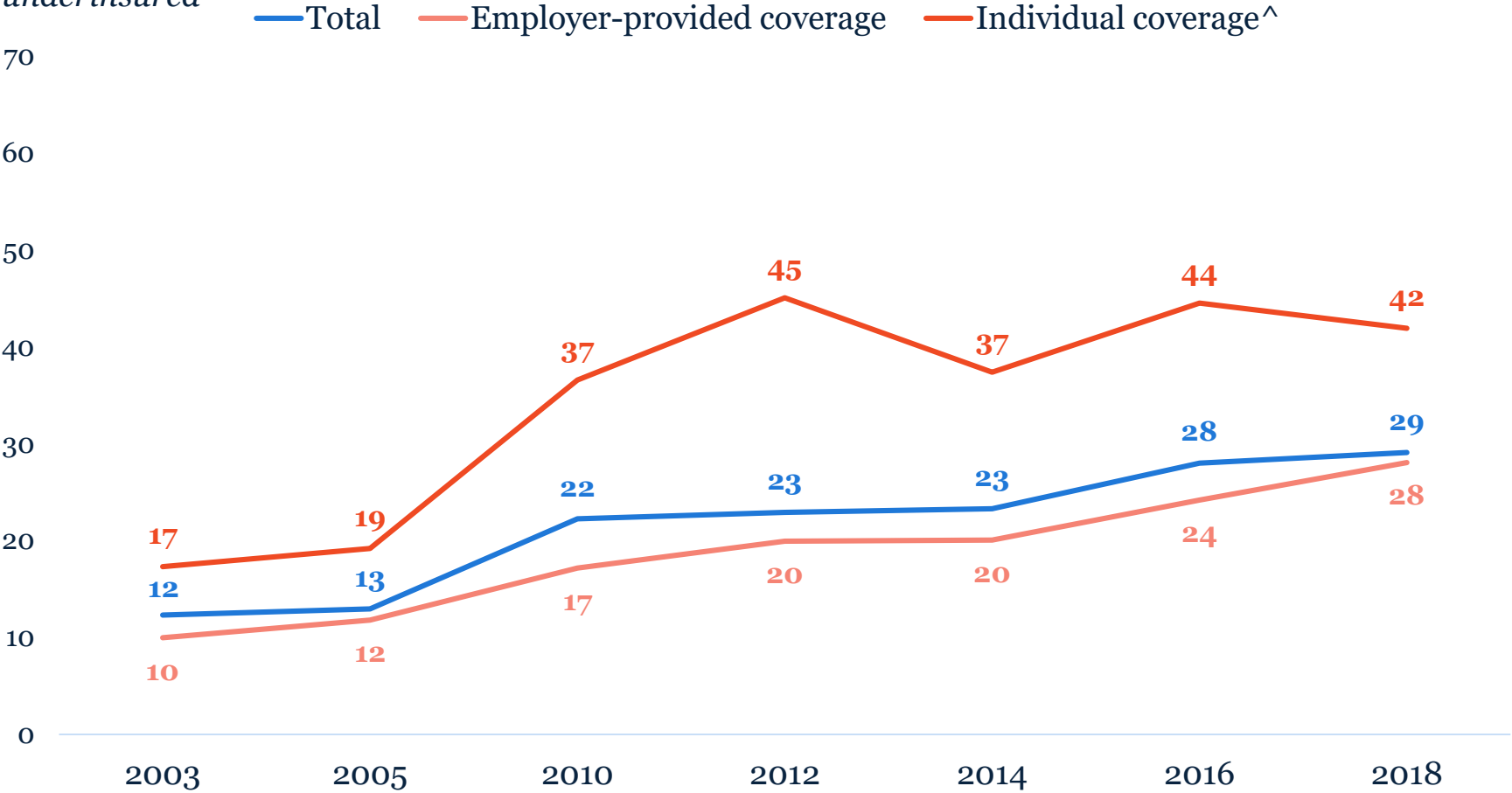
Percent of adults ages 19–64 who are uninsured now



Data: Commonwealth Fund Biennial Health Insurance Surveys (2001, 2010, 2012, 2014, 2016, 2018).

More Adults Are Underinsured, with the Greatest Growth Occurring Among Those with Employer Coverage

Percent of adults ages 19–64 insured all year who were underinsured



Notes: “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Total includes adults with coverage through Medicaid and Medicare. Respondents may have had another type of coverage at some point during the year, but had coverage for the entire previous 12 months. ^ For 2014 and 2016, includes those who get their individual coverage through the marketplace and outside of the marketplace.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, 2014, 2016, 2018).